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MISCELLANEOUS.

Some Observations on Uterine Disease for the General Practitioner.

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Being present recently at the annual meeting of a certain State medical society, in looking over the programme of more than seventy papers, was struck by the fact that there was not one which treated of a single disease or general therapeutic method otherwise than surgical, in the Department of Diseases of Women. That this neglect in the investigation of uterine disease is to be regretted, and that the importance of knowing how to diagnose and treat the ailments of women, in general practice, is recognized by the general practitioner, is further shown by the eagerness with which any paper or article is received.

Situated, as many are, in places and under conditions which forbid their performing any grave operations, as well as having to meet objections on the part of many of their patients—no wonder, then, that any method which will remedy the evil is earnestly sought for. This will account for the ease with which new remedies, which give accurate statements of therapeutic effects, are caught up, prescribed and used by the medical profession.

Let us ask, then, Is there any known method which can be followed that will, if it does not effect a permanent cure, at least give marked relief in diseases of women?

We say "Yes," and feel at liberty in putting the question and answer as above because many operations performed do not effect a cure, but merely give relief, and yet they are considered justifiable.

The percentage of failures in surgical operations is larger than is willingly admitted. We believe that as many cases, after operation, must fall back on therapeutics for permanent cure, as must resort to surgical relief after therapeutic failure.

Besides, surgery has by far the advantage over therapeutics in this, that when an offending organ is removed, even though the same symptoms that cause its removal persist, that ends the matter as far as surgery is concerned, and the patient must abide the result. Treatment, on the contrary, in order to effect a cure, or give relief, must as a rule be continuous, and long continued. Here we must contend with the whims, doubts and distrust of our patient, as well as that of her entire circle of acquaintances.

Failure, therefore, is not the result of therapeutics not leading well, but that of our patient not following well. In fact, to gain results in the treatment of uterine disease, by any means outside of surgery, we must, as I expressed it in a previous article, "The Diagnostic Points of Pain in Uterine Disease," always take account "of the unknown fifty per cent." That persistence in treatment along the lines of the correct knowledge of the true therapeutic action of a drug, applied to a case in which a correct diagnosis has been made, will gain definite results, I have proven over and over again, by experience in a public clinic. The formulated results which I have obtained, I can enumerate in the following four propositions:

I hold that the physician, in order to arrive at a thorough knowledge of his case,

must give either consciously or unconsciously—

1. A careful consideration to ascertaining the normal and abnormal relation of the parts where the diseased condition exists.

2. In the symptoms given by the patient he must eliminate those which can be traced to constitutional causes from those which are due to any lesion or disease of the pelvic organs.

3. Having satisfied himself on the first and second points, he must consider what therapeutic means can be used to remove the constitutional and local diseased conditions.

4. "Finally, therapy failing, what mechanical or surgical methods must be employed in removing the local pathological processes."

When we look at the first of these propositions, it is by no means easy to get the normal and abnormal relations of the parts. The uterus is perpendicular, anteverted, or midway between the two, according to three good authorities. Vadeler, of Christianna, Norway, has found in examining 466 virgins, that 322 had anteflexion; of those who were sound 71 per cent., and of those who were sick 60 per cent., had an anteflexion of the uterus. A uterus may be in the first or even second stage of apparent prolapse and still be in normal position, due to the formation of the pelvic bones. What is the normal position of tube and ovary, and can we determine this by palpation and digital examination? In regard to the various abnormal positions of the uterus, Dr. Schultze, in his work on "Uterine Displacements," has clearly and graphically described them. In regard to lacerations of the cervix and perineum, there is a wide difference of opinion among the members of our profession. The recognition of bands of adhesions causing flexions and torsions of the uterus around the uterus and in the broad ligaments, the result of inflammatory processes accumulations of pus anywhere within the pelvis, the presence of a fibroid or a cyst, the condition of pregnancy, a subinvolved or atrophied uterus, the appearance of the os uteri from a cancerous condition, down to a simple erosion, due to an irritating discharge, in

each and every case it is of the utmost importance to make a clear distinction betwixt the normal and the abnormal, if we would arrive at a correct conclusion.

Having determined in a satisfactory manner the abnormal conditions which demand treatment, we will next proceed to ascertain what symptoms belong to the ascertained conditions. This in a majority of cases is difficult to obtain. In the first place there is always a personal equation to be taken into account, one depending upon the physician himself, and the other upon the patient. We should therefore never neglect to eliminate this factor in making up our diagnosis, else it will color our thought and lead us to a false conclusion.

In the second place symptoms will arise which will be the evidence of diseased processes, which are secondary to the primal cause, but which will nevertheless be the most prominent ones present.

Then, again, identical symptoms may point either to a local or constitutional disease without there being any connection between the two.

Finally, similar symptoms may present themselves, due to local pathological processes, which are due to widely dissimilar causes. The presence of pus, lesions of tissue, foreign growths, etc., can only be relieved by the knife; yet the symptoms which manifest their presence are similar to many conditions which can be cured by therapeutic means. It is the non-recognition of the above class of cases that is largely responsible for the disrepute into which therapeutics has apparently fallen. If, however, during the past decade or two, the same painstaking study and investigation had been put upon the therapeutic treatment of uterine disease as has been lavished on its surgery, I am confident we would have a different state of therapeutical knowledge, and that not to the detriment of either side. In summing up the ideas suggested by the second proposition, we find that to obtain a correct knowledge of the symptoms of disease of the female genital organs, we must take into consideration—

1. That the personal equation on the part of the physician may lead to a false conclusion.

2. That the personal equation of the patient, especially in women, must be guarded against.

3. In the objective symptoms we must eliminate those which are due to constitutional from those which are due to local causes.

4. We must distinguish, in symptoms due to local cause, betwixt those which are amenable to medicine and those which can alone be remedied by the knife.

5. Finally, we must guard against being swayed by symptoms, due to the reflexes, to the exclusion of the primal cause.

In the foregoing I have endeavored to crystalize, in the form of general propositions, the steps which must be followed in order to arrive at a correct diagnosis.

They are such as may be followed out by any of my colleagues who may read this, in any place and under every condition. I have no doubt that it would be more acceptable for me to categorically state that such and such a symptom points to such and such a diseased condition. I have in a previously published article, before mentioned, endeavored to do this, but it simply covered half of the field under consideration. The other half, viz., the subjective, is equally as important, but, unfortunately, its symptoms cannot be accurately stated. I therefore give these propositions because I have demonstrated their accuracy by their application to a large number of cases. I have found that I have been led by them (instead of attempting to dam the stream at its outlet) up along the weary course of a wretched invalid life to the fountain and source of the evil.

Knowing this, mistakes in treatment, either medical, surgical or mechanical, can be avoided, and the true value of gynecological therapeutics ascertained.

It, moreover, will limit the number of operations as well as prevent that unfortunate class of uterine monomaniacs who, through ignorance or carelessness on the part of their medical adviser, having once

been started with the self-consciousness that they have falling of the womb, a flexion, or a diseased ovary, drift from one physician to another, objects of pity and commiseration.

We therefore feel confident that a painstaking study of the methods of arriving at a correct diagnosis will prepare the way for a better understanding of the third and fourth propositions, which will be taken up in a future article.

THE demand for lady physicians is evidently on the increase. A school has been organized in Kansas City. We wonder sometimes if the peculiar makeup of a woman demands a different system of instruction than that given to men. If they are supposed to study the same kind of medicine, and when they have completed their course enter the field of practice, we can hardly see the benefit of a separate school.

There is no question of delicacy in connection with a medical course, and the sooner such an idea is eliminated from the mind of a female medical student the sooner she will free the minds of the profession and the people from prejudice. Those schools that have admitted both men and women on an equal basis have had nothing to regret, but the general experience is that the men are more careful in their habits, and more studious, and the women learn to look upon medicine from a truly scientific standpoint. If our girls wish to study medicine we believe they should have the same advantages as the boys and as long as they are expected to associate with men in the practice should learn while they are students to discuss medical subjects without embarrassment.

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Topeka, Kansas, Saturday, Aug. 3, 1895.

Climate in Consumption.

Climate in consumption has been talked about so much that many people afflicted with the disease imagine that all that is necessary is, for them to find the climate and it will cure them. Such erroneous ideas have arisen in part, from the tendency of physicians to wish themselves rid of consumptive cases. Many are sent away for climatic influence with little or no instruction as to how to manage themselves.

We believe there is less in the climate than in the fact that patients are liable to be more outdoors at such places than at home. Patients should be impressed with the idea, that climate alone will be of no benefit, but they must use every effort to get the benefit of an outdoor life. The advantages of this

plan of treatment have been plainly demonstrated at those places where an outdoor life is the regulation. The benefit some patients have derived from an overland trip to the mountains, in wagon, camping out every night, is not the result of the change of climate, but may be credited to the outdoor life. There is too much of a tendency to protect these people from slight exposure. Their temperature becomes lower and lower and their appetite improves in the open air. From history and experience we believe that no treatment alone offers the advantages of the outdoor plan. To combine this with the usual antiseptic inhalations and nutrient treatment seems to us to be the most rational and at the present time the most successful plan of treatment.

If there is anything in the theory of infected well water producing typhoid fever the present season should be especially favorable to an epidemic. The recent heavy rains have filled a great many wells with surface water, which in most localities is contaminated with all kinds of filth. A few years ago in Topeka a season very similar to this was followed by an epidemic of typhoid in those localities where wells were used. In one section where the wells were filled with surface water after some heavy rains every family using these wells was afflicted with the disease. Too little caution is used in protecting wells from such infection in any locality, but in a city of this size public health demands that they should be prohibited entirely.

We are informed that St. Louis is to have another medical college. We congratulate St. Louis on the enterprise of her medical men. There are probably a few good men yet in that city not connected with any school and we would suggest that the good work go on until every practitioner in the city may be identified with some school and hospital.

Hypnotism.

OSAGE CITY, KAS., July 20.—EDITOR JOURNAL: After reading the article in your last number on "Hypnotism," I desire to ask a question or two on the subject and relate a few manifestations which I have witnessed which led me to believe that suggestions properly applied by some persons on others were surely productive of results. Is there any difference between hypnotism and the so-called mesmerism? and if so, in what does the difference consist?

In 1883 I was in the town of Rosita, Colo. A Mr. Shiek had a wife who was afflicted with a very intractable malady, which I had been called upon to treat. Finding that my patient was gradually sinking I suggested counsel, and Mr. Shiek called his brother from Chautauqua county, this State, to see the case. Incidentally I found that the brothers were mesmerists, and in making mention of the matter in one of the stores, a robust youth of some twenty summers disclaimed against it vehemently in presence of Dr. Shiek, using some very strong expletives, and declaring it all a d—d fraud, and those who professed it to be rascals and necromancers.

At this juncture the doctor asked him to give him his attention for a moment, held a half dollar before him, asking the subject to not remove his eyes from it. In very much less time than it requires for me to write this, he had the subject under control and fighting imaginary hornets at a lively rate. He led him on rapidly from extreme cold to extreme heat; he had him cast all his garments away save his pantaloons; he had him to fight fires, to wade in deep waters, to swim, and go through too many evolutions to mention. This man declares he knew nothing of what he did whilst under the doctor's suggestions.

The following evening the doctor, at request of citizens, gave a public exhibition of this power, and although there were at least 500 people present, there were few or none skeptical when the entertainment closed. I will not attempt to tell of all

their exploits, but there were some ten to fourteen boys and young men who did the hardest work of their lifetime in fighting bumblebees, killing rats, and kindred matters. Now in this case the doctor was a complete stranger to all his subjects; he had no opportunity to enter into collusion had he so desired; he gave the entertainment without money and without price, and as he said had almost entirely given it up as a practice, and had no desire to follow it further. Dr. Sheik's home was then at Sedan, Chautauqua county, Kansas, and I presume is still there if living.

W. R. ROUP, M.D.

Practice of Doctor Drumming.

The Hot Springs Medical Journal

The new mayor of Hot Springs seems determined to do what he can to suppress the drumming doctor and the doctors' drummer. We wish him God-speed in this work. The city council, having licensed the business, requires that the drummer for a physician shall wear a badge stating that fact, and thus hope to put his intended victim on guard, hoping that he who is forewarned is forearmed.

We have witnessed many efforts to down this hydra-headed and unscrupulous monster, but all have failed.

One effort, viz., the distribution of circulars on the railroad, warning the visitor to look out for the friendly young man, etc., was a success, it effectually destroyed the business and put a stop to the travels of the solicitors over the road; but an influence was brought to bear on the city council repealing the circular of warning. Too much praise can not be given the railroad authorities for their work, etc. We await the outcome of the new effort and trust it will be successful.

Anent this effort to put a stop to the nefarious business, we print below the resolutions of the Hot Springs Medical Society, adopted at a meeting recently held, and clipped from the *Daily News*:

Medical Men Pass Resolutions Condemn-

ing the Practice of Doctor Drumming.—At a meeting of the Hot Spring Medical Society, held Thursday night, resolutions were unanimously passed condemning the practice of doctor drumming. It is gratifying to note that the feeling against this nefarious business is becoming general throughout the city, it is pervading all organizations, and an active interest is being stirred up against it.

"The purpose of this meeting last night was solely for getting an expression from the Society as to the enforcement of the drumming ordinance. The following preamble and resolutions were unanimously adopted:

"Whereas, we, as individual members of the Hot Springs Medical Society, desire to be kept on record as unalterably opposed to all questionable methods of every kind, and especially to the crooked methods employed by the drummers and drumming doctors, and methods resorted to at many of the hotels, boarding houses, bath houses and drug stores in influencing business from its natural channels; and,

"Whereas, we desire to give whatever aid we can towards sustaining the officials of the city in properly directing efforts to carry out the law and suppress the evil; therefore be it

"*Resolved*, That as individuals and as a Society, we do, and will continue to utterly discountenance drumming in every form, and to this end we hereby pledge ourselves as men and doctors."

On the Local Treatment of Puerperal Fever.

Practitioner.

Cullingworth thinks that, when all adherent shreds have been removed, it is good practice to, once for all, douche the uterine cavity with a hot antiseptic solution, so as to wash away all the debris and completely empty the cavity. The writer's preference is for a solution of corrosive sublimate (1 in 5,000) at a temperature of 112° to 115° F. Of this he generally uses about half a gallon.

The uterus should be carefully compressed after the douche has been employed, so as to prevent any of the solution from lodging in its cavity, and care should also be taken that none remains in the vagina. Unless these points are attended to, the internal use of corrosive sublimate is dangerous.

It has been recommended to follow up the use of the douche by inserting an iodoform intrauterine suppository. The writer has done this in a few cases; though it did not seem to do any harm, he has never seen it do any good. Another and more recent plan, which has been widely adopted in some countries, is to pack the uterine cavity, after douching, with strips of iodoform gauze. This is said to arrest oozing, to act as a disinfectant, and to promote uterine contraction and involution.

It is usual for the temperature and pulse to rise during the first few hours after intrauterine manipulations of the kind described, but by the next day, in the majority of cases, both temperature and pulse have fallen.

The subsequent progress of the case will depend upon whether it is one of septicæmia or sapræmia. In the latter case the removal of the decomposing debris will have effected a cure. In the former case it will not have done that, but it will have removed a probable source of septic absorption and lessened the chances of further infection.

The question may here very reasonably be asked, "Have I carried out this method of treatment in my own practice, and, if so, with what result?" The writer answers the first part of the question by saying that he has for some years been in the habit, when called early into consultation in cases where a persistently high temperature and other symptoms of fever have followed childbirth, of making an intrauterine examination, and that during the five years he has held the appointment of visiting physician to the General Lying-in Hospital any rise of temperature, of more than ephemeral duration, occurring in one of his patients, was taken as indicating the necessity for immediate intrauterine exploration. The startling result of this somewhat large experience is

that he can scarcely recall more than one or two cases where he has failed to find small pieces of adherent placental tissue in a condition of incipient or more advanced decomposition. In the great majority of cases the result of clearing out the uterus has been that the fever has disappeared within twenty-four hours; in some the disappearance has been less rapid, and in others, where true septicæmia had already declared itself, the removal of the putrid debris has been ineffectual in checking the progress of the disease. But even in these last-named cases it was surely worth while to remove what could not be otherwise than a source of fresh absorption and therefore of continually increasing danger.

The writer commends these suggestions to his professional brethren, and confidently urges their adoption, either as a further and more effective resource when the employment of the intrauterine douche has failed to give relief, or, better still, as a preliminary to the use of the douche. The manipulations will no doubt at first prove somewhat difficult, but a very little experience will insure the necessary dexterity.

Combinations of Morbid Conditions of the Chest.

Medical Record.

Dr. F. T. Roberts, in his Lettsomian Lectures on this subject, easily makes good his contention that such combinations are very common and that their importance and significance are inadequately recognized. The error of fixing the attention upon one morbid state or one prominent clinical symptom is very general, and to immature minds and unskilled observers is practically irresistible; but we all need occasional reminders that there are no hard-and-fast lines in nature, and that the elaborate classifications and hard-and-fast distinctions so usual in textbooks, though often practically useful, give an erroneous impression of a fixity and precision which as a matter of fact do not exist. (*The Lancet*.) Disease is not mathematical or mechanical. It is fluid, mobile, easily

passing from one transition to another, incapable of precise definition, obeying general laws and definite principles, but not to be confined within the limits of rigid rules or unvarying formulæ. Specialism in medicine is always open to the reproach that disease refuses to recognize the limits of the specialist's domain. Dr. Roberts wishes to utter "an emphatic protest against the absurd development of specialism in relation to this region—*i.e.*, the chest—which at the present day is working so much mischief;" and he gives it as his opinion that "the practice of dealing with each thoracic organ as if it were entirely separate and distinct, or, still more, of making a specialty of different complaints, is both dangerous and absurd." It is evident, we think, that any attempt to study pulmonary disease apart from morbid conditions of the heart must be doomed to failure; and to this extent, at all events, we entirely concur in Dr. Roberts's *caveat* against excessive specialism. But we must beware of running from one extreme to another. Dr. Roberts discusses a group of cases characterized by a combination of conditions difficult to define, but of great practical importance. "In these cases the superficial structures are more or less wasted, it may be considerably; the chest-walls are obviously rigid; localized pleuritic adhesions can be made out, it may be in several spots; there are no gross lesions to be detected in the lungs, but these organs are evidently wanting in normal elasticity and tending toward degeneration, perhaps also exhibiting limited areas of emphysema, or there is a suspicion of a fibrotic change here or there; sometimes there are indications of commencing atheroma of the aorta, or the heart is feeble in its action and is probably of actually small size." Everyone is familiar with these cases which, as the lecturer says, do not belong to the chronic emphysematous or phthisical groups, and are often, for want of a better title, simply labelled cases of "weak chest." The important practical point about such cases is that they do well by using suitable precautions and having an occasional change of climate; but that even a slight bronchial attack is a seri-

ous matter for them and that they die really from pneumonia or other grave acute affection. The prognosis and treatment of such cases require to be regulated by a due recognition of the fact that symptoms trivial in themselves acquire a serious gravity when viewed in relation to this peculiar type of patient. Dr. Roberts protests against the crude and superficial way in which many of the laity talk of phthisis, as if the mere recognition of the bacillus explained everything. He points out the absolute necessity of recognizing the numerous grave organic changes wrought by the disease, such as consolidations, tuberculous, inflammatory, caseous, or mixed; miliary tubercles, diffused or in groups; softening of these structures; cavities, reparative changes, the formation of fibroid tissue, bronchial inflammation, compensatory emphysema, and the like. Cases of chronic pneumonia, in whatever way arising, "in time assume a decidedly complex character. The fibroid change is limited in most cases mainly or entirely to one lung, or a portion of it, which is thus hardened and contracted, the involved structures being rendered quite useless; it is often accompanied with the remains of phthisical cavities, and still more frequently with dilated bronchi, while unaffected areas of the same lung, as well as the opposite one, become the seat of compensatory distention, which may ultimately terminate in true emphysema. . . . There is an exceptional class of chronic pneumonia cases which may prove very puzzling. In these one lung is absolutely solid, either throughout or over a large extent, but instead of being contracted it is more or less enlarged. The opposite lung becomes greatly distended, and also in some instances the seat of dry bronchial catarrh; so that the general aspect of the patient, as well as the prominent symptoms, may resemble closely at first sight those of an extreme case of emphysema and bronchitis, with an asthmatic tendency." Asthma and angina pectoris afford Dr. Roberts good instances of the necessity of a comprehensive view of chest ailments. In a large majority of cases asthma "supervenes upon distinct and obvious morbid changes

associated with the chest, which tend to become more and more pronounced as the case progresses. The cases in which asthma occurs are usually more or less of the emphysematous and bronchitic type; but rigidity of the chest-walls, adhesion of the upper part of the lung, and other factors, are often of much importance in these cases in relation to asthmatic attacks." Angina pectoris "usually complicates more or less definite morbid conditions of an organic nature. . . . Those which are most likely to be overlooked are atheroma or calcification of the aorta and coronary arteries, and cardiac degeneration not of a pronounced character." Dr. Roberts is emphatic on the importance of recognizing what may fairly be expected from treatment and what is folly to attempt; on the necessity of wisely adapting our measures to acute conditions supervening on chronic; on the need of grappling promptly with grave conditions readily amenable to treatment—*e.g.*, effusions into serous cavities; on the value of rest and the simpler drugs; on the impolicy of fussy therapeutics and routine symptomatic treatment; and on the wisdom of being on our guard in relation to new "cures" and vaunted specifics.

The Study of Heredity.

The Lancet.

In his address before the Abernethian Society, Sir James Paget drew attention to the great gaps which exist in our knowledge of the laws of heredity. Some of the broad facts of heredity are familiar enough, and are, indeed, too palpable to be overlooked even by careless observers. That gout, cancer, rheumatism, tuberculosis, and insanity, to take a few examples out of many, are often inherited is a well-recognized and certain fact, but, says Sir James Paget, "it has never been studied carefully what may be the result when one parent has one transmissible disease and another has another; what comes if one parent is a member of a cancerous family and another a member of a tuberculous family. Do these diseases in

any respect disturb one another? Are they mutually exclusive, or do they mingle together? We know that acute tuberculosis and acute cancer never make rapid progress together; they seem in so far as that to be antagonistic. But what comes of it when they are mingled together by inheritance? Of that, I think, we certainly know nothing." This is only a specimen of numerous questions which might be put in connection with the subject of heredity, but are for the present without any certain answer. If a son or daughter strongly resembles the male or female parent, will he or she be likely to develop the same diseases occurring in the corresponding stock? Why does disease sometimes "skip a generation" only to reappear with increased virulence? Why does the epilepsy of the parent become insanity in the child, or *vice versa*? How comes it that the female transmits the tendency to hæmophilia, but is herself exempt, while the male who suffers does not usually propagate the disease? We might multiply these queries a hundredfold, but they are sufficient to show how much darkness still envelops so patent and all-important a fact as the inheritance of disease.

Some of the laws of heredity are approximately known, although their *raison d'être* is inexplicable—as, for example, the law that disease often skips a whole generation that follows. This fact has long been observed and is known as "the law of atavism." It seems to involve the assumption that an individual apparently quite healthy may contain in his organism the seeds of disease—*e.g.*, tuberculosis or cancer—and transmit the tendency to such disease to his offspring, although he has never presented any symptom of them himself. This may be so, but if such a theory be correct it intensifies our conception of the mystery of pathological processes. If it could be shown in such cases that the "latent" seeds of disease (we are compelled to use figurative language in this connection for want of better) remain latent until certain favoring conditions combine to bring them to maturity, the mystery would be materially lessened, but in many cases we have no evidence that such is really

the true explanation. It may, however, be regarded as often a probable hypothesis.

The commingling of different and possibly conflicting pathological strains presents, as Sir James Paget points out, a curious and almost wholly neglected field of inquiry. The whole subject of the influence upon each other of different morbid processes is a very obscure one, and many theories on the subject once confidently advocated have had to yield to the hard logic of facts. It was once thought that valvular disease of the heart was almost a safeguard against pulmonary tuberculosis. It is now known that the conjunction of the two diseases, though uncommon, is not excessively rare. So careful an observer and so acute a reasoner as Walshe lent the weight of his authority to the old idea that habitual exposure to the poisons of malaria was an efficient protection against phthisis. This notion is almost certainly erroneous. It was long regarded as doubtful whether two of the specific fevers could coexist. Most observers have seen cases which have inclined them to an affirmative opinion, but the sources of fallacy are many, and at all events such a conjunction is extremely rare. As to the influence upon the offspring of two conflicting pathological strains, we must be content to confess, as Sir James Paget affirms, that "we certainly know nothing." But the subject is not inscrutable, and only needs careful and minute observation in order that some light may be cast upon it. The relations of heredity cancer and tuberculosis, or gout and syphilis, might be worked out if sufficient attention were drawn to the matter.

A great deal of work still remains to be done in connection with the heredity of phthisis. It is generally asserted that from thirty to forty per cent. of the cases arising in practice occur in infected families, but it is striking how various are the figures given by different observers. Owing to the great frequency of the disease and the probability of infection, it is evident that many cases of apparent inheritance might be otherwise explained. It would be a great gain to practical medicine if we had decisive evidence as to the influence of heredity upon phthisis

on the one hand and the frequency of infection on the other. We are still without any quite satisfactory theory to harmonize the apparently certain facts that pulmonary tuberculosis is due to a special bacillus and that it is frequently transmitted by inheritance. Some French observers published a few years ago evidence tending to show that the actual bacillus of tubercle was conveyed to the offspring through the ovum, but this view has not been generally accepted. Many believe it to be more probable that the parent transmits simply a constitutional delicacy or some peculiarity of the pulmonary tissue which renders the individual more liable to become the subject of bacillary infection; but it cannot be said that we have any certain information on the subject.

Problems of heredity should appeal more especially to the cultured and philosophic of the large body of general practitioners. Hospital work and consulting practice certainly afford an imperfect field for the elucidation of these interesting and important problems. The hospital or consulting physician seldom sees the beginnings of disease, and he has very rarely the opportunity of observing the disease record of an entire family. The general practitioner has such opportunities, and it would be much to the advantage of our art if those opportunities were thoroughly utilized.

The Anatomy of Oblique Inguinal Hernia in the Male with Reference to Macewen's Operation.

Richard H. Whitehead, M.D., in North Carolina Medical Journal.

In accepting the kind invitation of the Chairman of this Section to write a paper upon the subject of Anatomy of Oblique Inguinal Hernia with Reference to Macewen's Operation with radical cure, I expected to have the pleasure of demonstrating some dissections of the parts concerned. I very much regret that I have been disappointed in that hope, and shall have to content myself with a short verbal description.

In order that the testicles shall have the

best possible blood supply, their arteries are derived from the abdominal aorta. The course of the spermatic vessels, from their origin to their destination, furnishes one of the most interesting objects of study in the anatomy of that "wonderfully made" creature, man. Passing down from the aorta behind the peritoneum the spermatic vessels come into relation on each side with the external iliac artery, which they cross from without inward, but so obliquely as to lie on the front of that artery throughout most of its extent. They are next confronted by the transversalis fascia, but just above and internal to the point where this artery changes its name to femoral there exists an opening in this fascia, the internal abdominal ring, so-called, and through this ring the spermatic vessels, joined by the vas deferens, pass, these structures being held together by a tubular prolongation of fascia from the margins of the ring, and together constituting the spermatic cord. The next two elements of the abdominal wall, the transversalis and internal oblique muscles, obligingly make way for the cord arching above it. In this situation the fibres of the two muscles are conjoined and arise together from the outer half of Poupart's ligament, arch upward and inward, forming the "conjoined arch," and then, becoming tendinous, turn downward and inward, to be inserted under the name of the "conjoined tendon" into the crest of the pubes and the adjacent portion of the pectineal line. There now remains between the cord and its destination in the scrotum only the aponeurosis of the external oblique muscle, and here it finds another opening—the external abdominal ring. Note that this opening is not found just in front of the internal ring, but about an inch and a half nearer the median line, with its base at the crest of the pubes, and therefore internal to the spine of that bone. Thus between the two rings the cord lies in a canal which is just above, and parallel with Poupart's ligament, about an inch and a half long, with the aponeurosis of the external oblique for its external wall, its posterior being furnished externally by the conjoined

tendon and internally by the transversalis fascia, which is here quite thin. Crossing the back of the canal between the transversalis fascia and the peritoneum is the epigastric artery, on its way to form the great anastomosis between the subclavian and the external iliac arteries.

Thus the route for the descending testes and their blood-supply is accomplished, but with the result that a weak spot is left in the abdominal wall, through which a discontented gut may escape. To obviate this defect, nature makes a canal oblique, so that any increase of abdominal pressure pushes the posterior wall against the anterior wall of the canal, thus effecting a valve-like mechanism, which, in the majority of mankind, works in a satisfactory manner, very much in the same way that the ureter opens into the bladder.

Now, when rupture occurs, the normal anatomy of the inguinal region is materially changed—first the peritoneum, which normally covers the abdominal face of the internal ring, is pushed on down the canal by the descending bowel or omentum, and thus the hernial sac is formed; next the internal ring is gradually stretched and dilated, and finally dragged downward and inward, until it lies almost behind the external ring, thus destroying the valvular mechanism of the canal.

An operation, then, directed towards a radical cure of hernia, should aim at retrenching the size of the internal ring and at restoring the normal valve-like mechanism of the canal. Macewen claims that his operation fills both of these indications.

The important question of what disposition shall be made of the sac, is solved by him in a very ingenious way. If the sac be left in the canal, he says, it will act as a plug, and plugs dilate instead of obliterating the canal. If the sac be ligated and removed, there will still be left a puckering at the internal ring, which will probably be gradually dilated by the bowel, and thus the hernia be reproduced. Accordingly, having freed the sac, both in the canal and for about an inch around the circumference of the ring, he introduces into it a purse-string su-

ture, so that the sac will be thrown up into folds when the suture is tightened. The whole sac is then returned through the ring into the abdominal cavity, and the purse-string, having been tightened, is stitched into position against the abdominal surface of the ring, where it forms a convex pad, protects the ring and "sheds the intestinal waves back away from the opening." Then, by double stitches passed through the inner margin of the ring and of the conjoined tendon on the inside, and Poupart's ligament and conjoined arch on the outside, he diminishes the size of the internal ring and pulls it outward, thus restoring the normal valvular function of the canal.

Desiccated Thyroids in Goitre.

From proceedings American Laryngological Association in Medical Record.

Dr. E. Fletcher Ingals, of Chicago, read a paper with this title. During the last fifteen years he has treated eighty-seven cases of bronchocele and exophthalmic goitre. Formerly he gave potass. iodid., grs. v.-x., thrice daily. If the patients were not distinctly improved in two or three weeks, he gave iodine tincture, gtts. v.-xv., three or four times daily, administered in capsule and followed by a large goblet of water, beginning with the minimum dose and increasing one drop daily; or he would inject a three to five per cent. solution of carbolic acid in water and glycerine—using from 20 to 50 minims at one injection, and injecting once a week.

During the past three or four years he has used thyroid preparations of various kinds, and in his six last cases desiccated thyroids. Six grains of this preparation represent one entire gland. Dr. Ingals then gave outline clinical histories of his last six cases. All, with one exception, are still under treatment. Several of them had previously been subjected to the old style of treatment. He had obtained reports from other physicians who had used the desiccated thyroids, and was able to report on 50 cases in all. Taylor's series of 25 cases showed improvement

in all but 7. The neck was uniformly diminished in size. As unpleasant features of the treatment, headache was reported in 30 per cent., dizziness in 37 per cent., and increased rapidity of pulse in 25 per cent. Out of 50 cases the size of the neck was reduced in 38. In addition to the foregoing unpleasant symptoms were to be noted trembling, weakness, backache, nausea, loss of weight, and in one case uterine contractions which could be directly traced to the effects of the remedy.

He would, from this study of the question, draw the following conclusions:

1. Thyroid products exert a powerful effect on the nervous and circulatory apparatus, as evidenced by head pains, rapid pulse, and fluctuations in weight.

2. These symptoms may arise from a daily dosage of from one and a half to two thyroids.

3. From cases observed it is not irrational to suppose that incautious dosage might produce fatal results.

4. The desiccated preparations are the preferable mode of administration.

5. Internal administration offers as good results as hypodermatic use.

6. The dosage should commence with two grains thrice daily, and run up to four or eight if necessary.

7. The effects are not constant in different patients, nor are they the same at all times in the same individual. Some of these may be due to incidental digestive disorders.

8. The remedy is of value in myxoedema.

9. In exophthalmic goitre the gland is reduced in size, but in enlargement (not of the exophthalmic type), rapidity of cardiac action may be aggravated, instead of benefited.

10. Cystic glands do not seem to be benefited.

11. There is no evidence that thyroid therapy has any place in diseases other than the foregoing.

The discussion was opened by Dr. E. L. Shurly, of Detroit. He had used the ordinary extract of thyroid in some twenty cases, with disappointing results. He related the case of a boy from whose neck the entire

gland had been removed some years ago, with the result that it seemed to diminish the boy's physical growth, and three or four years later he had developed a mental apathy and a peculiar piping voice. The movement of the cords and arytenoids appeared normal, except that the normal phonatory tension of the former was markedly deficient. For the past two years the boy had been on thyroid extract (previous subdermic administration having proved useless), with the result that the tension of the cords was much better. He thought that laryngologists should protest against the whole removal of the gland for any purpose whatever. Experiments have shown that the retention of a very small portion will prevent the untoward results which follow its entire extirpation.

Dr. W. E. Casselberry, of Chicago, has used the remedy in one case of exophthalmic goitre, giving a preparation of fresh gland twice a week. His patient was improved but not well. He called attention to a recent article by Paul Bruns, of Tübingen, who had shown from a series of cases that the younger the patient was, the more likely was he to be benefited. Thus all his cases in the first decade of life were cured; of those in the second decade seventy-five per cent. recovered; then the recoveries rapidly diminished as the age increased, and of the cases over forty years, scarcely any got well. Bechere had produced a fatal result in a monkey in ten days under thyroid feeding, sudden death resulting from heart failure.

Dr. Ingals, in closing the discussion, stated that in view of the possible causative agency of infected water in causing goitre in certain districts, all patients should be made to drink distilled or otherwise purified water.

Treatment of Sunstroke.

Therapeutic Gazette.

During the past ten or fifteen years the medical profession has passed through a period in which its chief aim and desire seemed to be the reduction of febrile temperatures, and the belief was almost univer-

sal that in the presence of a febrile process antipyretic measures of more or less activity should always be resorted to. The few who imagined that febrile movement was not always injurious—who went further and asserted that at times it might be distinctly beneficial in limiting the processes of infection—were swept aside by the enthusiastic majority, who hailed the advent of each new drug or antithermic measure with delight. As we have pointed out in earlier editorials, the history of medicine has many instances in which great enthusiasm has developed the usefulness of certain drugs, not in the line for which they were generally introduced, but for purposes quite different, as, for example, the salicylates in rheumatism, or other coal-tar products which we now use for the relief of pain. Now we recognize fever as a danger only when excessive or prolonged beyond reasonable limits.

There is one febrile process, however, which still remains to be rightly considered distinctly dangerous, simply because of its excessive pyrexia—namely, thermic fever—a condition in which the balance between the manufacture and dissipation of heat is entirely undone, with the result that vital organs sustain irreparable injury through exposure to excessive temperature. Even this fever, however, does not seem to be properly controlled by the use of antipyretic drugs, for in the majority of cases in which they have been employed they have failed to be of sufficient benefit when given in safe dose. The only method therefore by which the excessive fever of sunstroke can be controlled is the use of the cold bath in its most active form, since the disordered heat mechanism of the body necessitates anything but temporizing measures. The same active friction of the skin is necessary during the cold bath for thermic fever as is employed in the Brand treatment of typhoid fever for the purpose of bringing the hot blood from the center of the body to the periphery, and it is of the utmost importance that while the patient is being immersed or sponged with ice-water a still colder application be applied to the entire head in order to prevent fatal cerebral congestion.

We believe that an equally important therapeutic measure in the treatment of sunstroke by cold sponging is venesection, which should be free and copious, and is particularly indicated in those cases in which there is much cyanosis or convulsions. Convulsions are, perhaps, a more frequent complication of sunstroke than is generally imagined. This is recognized by those who have seen many of these cases, and pointed out statistically by Withington in the *Boston Medical and Surgical Journal* of May 23, 1895, who, out of one hundred cases of sunstroke, records thirty as having convulsions, which were sometimes local or general and characterized frequently by marked opisthotonos.

Another point of very great importance in the treatment of these cases is the recollection that secondary and tertiary rises of temperature frequently occur. Not only does the fever often return at once, so that, using a term frequently applied to hemorrhage, it is "consecutive," but often, after the temperature has been normal for some hours, it will suddenly shoot up and remain persistently high, forming what might be called a secondary fever. Last of all, the physician should remember that, in the event of severe headache during convalescence from sunstroke, venesection is of the greatest value for the purpose of overcoming the low grade meningitis which may exist, and care should be taken that no drug which tends to produce cerebral congestion should be given, such as quinine, for the relief of fever or for its tonic influence.

In an article in the *New York Polyclinic*, Page states that during the period of convalescence, if the pulse be bounding, veratrum viride and bromide of sodium are useful and, if the pulse be weak, that ergot should be given. He also suggests counter-irritation to the nape of the neck where evidences of meningeal irritability exist.

Comparatively rarely in sunstroke two conditions arise which may render the diagnosis difficult—namely, that state in which the surface of the body becomes icy cold, when, in reality, the central organs are

fiery hot, as is shown by the temperature taken high up in the rectum. Under these circumstances the physician must relieve the central temperatures by high injections of cold water into the colon, thereby reducing the heat and driving the congested blood to the surface of the body. The second point for diagnosis is heat exhaustion, in which there is an unusual fall in bodily temperature to below the normal in place of the ordinary rise. In such a case hot injections or baths may be required. They may also be needed when, through inadvertence or accident, cold bathing has been pushed so far in thermic fever as to cause collapse.

The Four-Years' Course.

The Cincinnati Lancet-Clinic.

Word comes to us that the rapid lengthening of the two years to three and now four courses of lectures as a requirement for graduation is producing hard times in some medical colleges, and will be the cause of diminution in the number of existing schools of medicine. In some quarters this is a seeming hardship, but, after all, the process is one highly beneficial to the medical profession.

The unusual development of medical science has made it absolutely necessary to extend the time for teaching. In this extension there is given an opportunity to do away with night teaching. All college work should be done in daylight hours. This is a change that is very desirable for both teachers and pupils, a result of which will be a closing of medical pupilage without a worn and fagged-out condition so frequently felt and observed. The new method is much more rational than the old, and has been adopted none too soon.

In a recent exchange a correspondent suggests that students who have taken academic degrees should not be required to attend four courses of medical lectures. The gentleman, and perhaps there are very many others, was not correctly informed upon this very subject. The American Medical College Association explicitly states in its schedule of requirements that those students who hold academic degrees will be able to complete their medical course in three years, thus obtaining a credit of one year of time.

This is very important as an encouragement to young men and women to begin the study of medicine after a suitable preparation. Academic college men are eagerly sought for by all medical schools, and the time is not far hence when the equivalent of an academic degree will be required before matriculation will be permitted by medical schools.

Imprisonment of a Physician for Negligent Prescription.

Medical Press.

A young physician in Berlin has been recently condemned to a month's imprisonment for homicide through negligence (*fahrlässiger Todlung*). He had a woman under treatment suffering from obstinate trigeminus neuralgia. She came to him on May 22d to ask for a prescription for a narcotic, as she had suffered from sleeplessness for a long time. Knowing that she did not react well to narcotics, he prescribed 6 grammes ($1\frac{1}{2}$ drachm) of chloral hydrate. He signed the prescription: "To be taken in two portions before going to bed." The apothecary also wrote the same directions. The woman told her friends that according to the doctor's orders she was to take half before going to bed, and the remainder after getting into bed. After taking the first half she seemed drunk, she became lively, laughed and gesticulated; she then received the second half and never awoke again. The autopsy resulted in the verdict of death by intoxication with chloral hydrate. The chemical investigation showed that not more than six grammes had been taken. The Pharmacopœia prescribes three grammes as the maximum dose. The prescription, however, ordered six grammes, to be taken in two portions, the one shortly after the other. The accused stated that he had repeatedly impressed on the patient that she should take half at once, and if she did not then sleep she should take a teaspoonful more after an interval of five hours; the remainder she should take the following morning. The statements of all the friends of the deceased were opposed to this, however. The court, after the interrogation of two experts, awarded a month's imprisonment, as it held it to be proved that the fatal result was solely attributable to the ambiguous directions, and that the physician, in exceeding the maximum dose was in duty bound to exercise the greater caution.